

INFORMATION FOR PATIENTS AND RELATIVES: ~~Support with A GUIDE TO MAKING a~~  
DECISION ABOUT ~~CARDIOPULMONARY RESUSCITATION PLAN (CPR)~~ End of Life

~~This leaflet has been created to help you understand the meaning of CPR/DNR, and to help you have a conversation with your doctors or nurses or any other a health or social care professional.~~

~~Although it can be a difficult subject we as health care professionals want to support you and your family to make the right decisions for you as you reach the end of your life. Most of us don't want to think about what might happens in our last days of life. Sometimes, even healthcare professionals struggle to have conversations about this difficult topic. You may feel increasingly unwell and tired of your treatment and symptoms and it usually a good time to have a talk about what you would like to happen in the event of your heart stopping. However, your loved ones and healthcare professionals need to know what you would want to happen if your heart stops. Thinking and Ttalking about what you would want us to do if that happens, while you are still feeling well, will make it easier for us to follow your wishes if you become sick and unable to express your wishes. It is important for health professionals your doctors and nurses to plan with you what will happen if your heart stops (in case of a cardiopulmonary arrest), and needs ing resuscitation (CPR), so that we can give you treatments that are appropriate for you and that you would want but do not give you invasive treatments that you would not have wanted.~~

~~The decision to try to restart your heart (CPR) is taken by your doctors and nurses and considers you as an individual, your quality of life and whether as professionals we think we will be successful. In many cases when the heart stops even with resuscitation it cannot be successfully restarted. Some kidney patients have many different medical problems and have been unwell for many years and as a result are very frail. Under these circumstances a medical decision, so if the medical team feel that trying to restart your heart would not be successful, they can will make a decision to not attempt this procedure. and in the UK, neither patients nor relatives can demand treatment which the health care team judges to be inappropriate. Some kidney patients have many different medical problems and are very~~

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~~frail and under these circumstances we do not want patients or families to be burdened. Please do not feel burdened by these discussions — it is the responsibility of the medical team to make this decision.~~

~~These are the discussions we would like to have with you and your family whilst you are able to still be involved so that if this does happen we already know your wishes.~~

~~If your heart stops unexpectedly and we haven't managed to talk to you or your family about this we will make a decision based on whether we think we will be successful in restarting it and whether we think your quality of life will be as good if we do manage to restart it.~~

~~We will, however, of course explain talk to the patient and their family about why how we have made reached this decision and try to answer any questions they may have.~~

~~Where there is a possibility that resuscitation may be successful, we will always consult you. We simply want to ensure we know what your wishes and views are so that we can take them into account.~~

~~This leaflet has been created to help you understand the meaning of CPR/DNR, and to help you have a conversation with a health or social care professional.~~

## WHAT IS CARDIOPULMONARY RESUSCITATION (CPR)

- CPR is an emergency treatment that ~~tries aims~~ to restart your heart and/or breathing when they have stopped.
- CPR may include: repeatedly pushing down firmly on your chest to pump blood around the body, using a mask or a tube to help you breathe, and using electric shocks to try to restart your heart.

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~~Deciding if you decide after discussion with your doctor or nurse with your family~~ that CPR is not right for you does not mean that all other treatments ~~cease will stop. You will~~ Patients who have decided not to receive resuscitation in the event of a cardiac arrest will still receive all other appropriate treatments including fluids, pain control and antibiotics and also, including admission to the Intensive Care Unit if that becomes medically necessary.

## WHAT HAPPENS WHEN YOUR HEART STOPS?



When a person's heart stops, this is called a cardiac arrest

Without the heart pumping, the blood does not circulate in the body

If no blood is circulating, there is no fresh oxygen being carried to the body from the lungs

The patient stops breathing and loses consciousness due to lack of oxygen

If this is not quickly reversed, the lack of oxygen will cause irreversible brain and other vital organ damage

The patient will die within a few minutes

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**HOW DOES CPR WORK?**

**Commented [RG3]:** Again – I think an infographic would be better

Keeping the body alive	Restarting the heart
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We push down on the chest to pump blood around the body, to keep vital organs supplied with oxygen

Depending on the rhythm that the heart is in, we may give electric shocks to try to restart the heart. Not all heart rhythms are “shockable” rhythms

We insert a breathing tube into the lungs, so that we can pump oxygen into the lungs

We give drugs to try to improve blood pressure, and reverse anything which might have caused the heart to stop

We continue treatment until either the heart restarts, or we agree that the CPR has not been successful

## WHAT HAPPENS AFTER successful CPR?

Patients almost always remain ~~in a coma~~sedated following successful CPR and breathing is supported by ~~We continue to breathe for them via~~ a tube into their ~~lungs,~~lungs. Careful monitoring is required and the patient is moved to the intensive care unit, and they are taken to ICU for closer monitoring and further treatment. Some patients make a fairly quick recovery wake from this coma, but unfortunately ~~for~~ some patients are unable to breathe on their own or for their heart to pump sufficiently on its own. This means that they do not regain consciousness ~~the damage done to their bodies by the cardiac arrest is too severe, and they never regain consciousness,~~ and a decision is made to stop all treatment. This difficult decision is made by the doctors and nurses looking after the patient but also includes discussion with the family.

## HOW ~~EFFECTIVE~~successful IS CPR? The facts

When CPR is attempted in hospital, ~~it is successful (meaning that~~ the heart restarts) in about half of patients with a “shockable” rhythm, and one in ten patients with a “non-shockable” rhythm. (Give definition of shockable and unshockable – I didn't know!)

~~Only 1:5~~ one in five patients whose heart restarts will survive long enough to be discharged from hospital. Two thirds of those whose heart restarts will die in ICU because the brain damage due to lack of blood supply was too severe. The others may have a further cardiac arrest, or die from the underlying illness that made their heart stop in the first place.

~~In GP surgeries and public places, success rates (in terms of restarting of the heart) are even worse — between one in ten and one in four hearts restart, with as few as one in fifty patients surviving to leave hospital.~~

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We know from evidence and experience that the ~~likelihood~~ success of CPR restarting the heart depends on how long the heart stopped for, and why the heart has stopped. ~~(which in turn affects whether you have a shockable, or unshockable rhythm).~~

If we can treat the problem that stopped the heart (for example, treating high potassium levels in a dialysis patient), CPR restarting the heart is more likely to be successful. If we have no way of immediately treating the problem that caused the heart to stop (for example, if you have an infection that has not responded to antibiotics, or have advanced cancer), CPR is very unlikely to be successful. If we do manage to restart the heart, it will stop again almost immediately if the underlying problem cannot be fixed.

Your overall health will also affect the chances of CPR being successful. If you have lots of medical problems, or are very frail, your body may not be strong enough to survive a CPR attempt, even if the cause of ~~the cardiac arrest~~ your heart stopping is reversible.

If CPR is attempted in people for whom there is a very low chance of survival, we risk subjecting them to distressing, invasive ~~violent~~ physical treatment at the end of their life, instead of allowing them a peaceful death.

**DO PEOPLE GET BACK TO NORMAL AFTER CPR? Will you be able to get back to living your life as you did before?**

Although a lot of people survive the restart of their heart they do spend a lot of time in hospital recovering strength and the ability to live as independently as possible. Unfortunately, for some people while your heart is stopped, damage will have be done to your brain, kidneys and other organs due to lack of oxygen, and this can affect your memory and ability to process information in the way you perhaps had done previously. even if CPR is successful. Cardiac arrest survivors report cognitive impairment (dementia), Your mobility will probably be reduced or impaired and you may feel very low of mood as you are unable

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~~to return to the life you had previously worsened mobility, depression, and being unable to manage their previous activities after hospital discharge.~~

**DO I HAVE TO TALK ABOUT MY CHOICE? WHAT ABOUT IF I AM NOT READY TO TALK ABOUT CPR?**

~~Talking about any of the information within this leaflet with your nurse or doctor is up to you. If you don't feel comfortable that this is the right time to talk about these aspects of your treatment that is fine. We will be led by you and your family. You don't have to talk about CPR if you don't want to. If you feel you're not ready to talk about it—just say.~~ You may wish to talk about CPR with your family, close friends or carers. They may be able to help ~~you~~ you begin to make a decision you are comfortable with.

For more information about anything in this leaflet, please speak to your medical team.

References:

Nolan, Jerry P. et al. Incidence and outcome of in-hospital cardiac arrest in the United Kingdom National Cardiac Arrest Audit, 2014, Resuscitation, Volume 85, Issue 8, 987 – 992

Nolan, J., Gallagher, E., Lloyd-Scott, L. and Rowan, K. National cardiac arrest audit (NCAA), 2009.

Stapleton, RD, Ehlenbach, WJ, Deyo, RA, & Curtis, JR, 2014. Long-term outcomes after in-hospital CPR in older adults with chronic illness. Chest, 146(5), 1214–1225.